PTO/SB/21 (01-08)
Approved for use through 01/31/2008. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
der the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number 10/537,770 - Conf. #4866 Filing Date October 25, 2005 First Named Inventor Graham P. Hopkins Art Unit 2884 **Examiner Name** M.H. Taningco Attorney Docket Number 41557-218983

ENCLOSURES (Check all that apply)									
X Fee Transmittal Form	Drawing(s)	After Allowance Communication to TC							
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences							
X Amendment/Reply	Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)							
After Final	Petition to Convert to a Provisional Application	Proprietary Information							
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter							
Extension of Time Request	Terminal Disclaimer	Other Enclosure(s) (please Identify below):							
Express Abandonment Request	Request for Refund								
Information Disclosure Statement	CD, Number of CD(s)								
Certified Copy of Priority Document(s)	Landscape Table on CD								
Reply to Missing Parts/ Incomplete Application	Remarks								
Reply to Missing Parts under 37 CFR 1.52 or 1.53									
		.,							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT									
Firm Name VENABLE LLP									
Signature Robert A	when								
Printed name Robert Kinberg									
Date February 6, 2008	Reg. No.	26,924							

PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL				Complete if Known					
			8). Application	Number	10/537,770-Cd	0/537,770-Conf. #4866			
			Filing Date	Filing Date Od		October 25, 2005			
•		First Named	First Named Inventor Graham P. He		opkins				
For FY 2008			Examiner Na	Examiner Name M. H. Taningco					
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	Art Unit 2884					
TOTAL AMOUN	TOTAL AMOUNT OF PAYMENT (\$) 0.00		Attorney Doo	Attorney Docket No. 4		41557-218983			
METHOD OF	PAYMENT (check	all that apply)							
Check Credit Card Money Order None Other (please identify):									
X Deposit Ac	count Deposit Account	Number: 22-026	1 Der	posit Account Na	me: Ve	enable LLP)		
For the	above-identified dep	osit account, the Direct	or is hereby autho	orized to: (ch	eck all that apply))			
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
	harge any additional e(s) under 37 CFR 1	fee(s) or underpaymen .16 and 1.17	ts of X Cr	edit any over	rpayments				
FEE CALCU	LATION								
1. BASIC FILIN		XAMINATION FEES							
	F		SEARCH FEES		INATION FEES	j			
Application T	ype Fee (S	Small Entity Fee (\$) Fe	<u>Small Ent</u> e (\$)		Small Entity (5) Fee (\$)	Fees F	Paid (\$)		
Utility	310	155	310 255	210	105	<u> </u>			
Design	210	105	.00 50	130	65				
Plant	210	105	310 155	160	80				
Reissue	310	155 5	310 255	620	310		-		
Provisional	210	105	0 0	0	0				
2. EXCESS CL	AIM FEES						Small Entity		
Fee Description	Į.					Fee (\$)	Fee (\$)		
Each claim over 20 (including Reissues)						50	25		
1 -	ent claim over 3 (inc	luding Reissues)				210	105		
Multiple depen	dent claims					370	185		
Total Claims	Extra Claims	Fee (\$) F	ee Paid (\$)	!	Multiple Depende				
	- 40 =	x =		<u>!</u>	Fee (\$)	Fee Paid (\$	<u>5)</u>		
Indep. Claims	Extra Claims	=	ee Paid (\$)	_			_		
		x =							
HP = highest num	ber of independent claim	s paid for, if greater than 3.							
3. APPLICATION					 .				
		xceed 100 sheets of pa					Λ		
		the application size fe 35 U.S.C. 41(a)(1)(G)			entity) for each a	idditioliai 5	U		
Total Shee			ch additional 50 o	• •	eof Fee (\$)	Fee	Paid (\$)		
	- 100 =	/50 =	(round up to a	whole numbe		=			
4. OTHER FEE	(S)					<u>Fees</u>	Paid (\$)		
1	-	0 fee (no small entity	discount)						
Other (e.g.,	late filing surcharge):							
SUBMITTED BY	01	/ /							
Signature (2 ober Curbers		Registration No (Attorney/Agent)		4 Telephone	hone (202) 344-4051				
Name (Print/Type) Robert Kinberg					Date	February	6, 2008		
							-		